8 CORRECTIONS TO INFORMATION PREVIOUSLY REPORTED

<u>Corrections To Data Submitted</u> <u>Electronically Or Magnetically</u>

Replacement files will be accepted electronically via dial-up, Internet Uploaded files and on magnetic tape, cartridge or diskette.

Please mail correction tapes and diskettes to:

DWD - UI Wage Reporting P.O. Box 7962 Madison, WI 53707

Please be sure to clearly label correction tapes and diskettes as replacement data and indicate the guarter/year the data replaces.

If only a few adjustments are necessary, please do not send a replacement file, but instead report your adjustment on paper as instructed below.

<u>Corrections To Information Submitted On Paper Reports</u>

Corrections to the NAME and/or SOCIAL SECURITY NUMBER should be specified in a letter or on separate printouts. Include and clearly define both the incorrect information and the correct information so the employee record can be located in our files.

Corrections to an employee's reported quarterly gross wages should be made using our Wage Adjustment Report. To order copies of our Wage Adjustment Report, call (608) 266-6877 or email wagenet@dwd.state.wi.us.

Mail correction letters, printouts, and Wage Adjustment Reports to:

DWD - UI Wage Reporting P. O. Box 7962 Madison, WI 53707

DO NOT correct employee wages for a <u>prior</u> <u>quarter</u> on the <u>current quarterly report</u>. Enclose a separate note, letter or Wage Adjustment Report indicating the correction. Be sure to include your employer account number the social security number(s) of the employee(s) and the quarter(s) involved.

2. SOCIAL SECURITY NUMBER 3. LAST NAME 4. FIRST NAME 5. WAGES WAGES WAGES WAGES WAGES	Guarter End 6/ Duater End 6/ S. REPORTED 6. WAGES	30 Outa Date CORRECT 5. WAGES	THEF END WARES	9/30 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	Guarter End 12/31 DATE 5. REPORTED WAGES WAGES	12/31 6. CORRECT WAGES
3. LAST NAME 4. FIRST NAME 5. REPORTED 6. CORRECT WAGES WAGES	Q 2.5	Oua Date			uarter End ATE 5. REPORTED WAGES	12/31 6. CORRECT WAGES
3. LAST NAME 4. FIRST NAME B. REPORTED 6. WAGES WAGES	WAGES	ά ο	WAGES	WAGES	5. REPORTED WAGES	6. CORRECT WAGES
				-		
	-					
7. SIGNATURE DATE THE	TITLE			#	PHONE NUMBER	